

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12533

1. Entity Name

PHOENIX HOUSING FOUNDATION, INC.

Principal Place of Business

700 N.E. 90 STREET SUITE B  
MIAMI FL 33138

Mailing Address

700 N.E. 90 STREET SUITE B  
MIAMI FL 33138

2. Principal Place of Business

11105 S.W. 200 ST.

3. Mailing Address

11105 S.W. 200 ST.

Suite, Apt. #, etc.

# 311

Suite, Apt. #, etc.

# 311

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33157

Country

DADE

Zip

33157

Country

DADE

4. FEI Number

59-2709344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, GERALD W  
700 N.E. 90 STREET SUITE B  
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name: CALVIN SCOTT  
Street Address (P.O. Box Number is Not Acceptable):  
11105 S.W. 200 STREET  
# 311  
City: MIAMI FL Zip Code: 33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Calvin Scott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, GERALD W.	
STREET ADDRESS	700 N.E. 90 STREET SUITE B	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, ERNESTINA	
STREET ADDRESS	145 S.E. 25TH ROAD, #1202	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, HENRY H., JR.	
STREET ADDRESS	700 N.E. 90 STREET SUITE B	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVIN SCOTT	
STREET ADDRESS	11105 S.W. 200 ST. #311	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	SECRETARY "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEY WALKER	
STREET ADDRESS	18326 N.W. 74 PL.	
CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE	TREASURER "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELUIN DONOVAN	
STREET ADDRESS	30055 S.W. 158 ST.	
CITY-ST-ZIP	HOMESEND, FL. 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Calvin Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

305-573-7301

Daytime Phone #

3. FILED  
Mar 27, 2001 8:00 am  
Secretary of State

03-09-2001 90482 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CRE037 (10/00)